



**Department of State**  
Charitable Solicitations  
312 8<sup>th</sup> Avenue North  
8<sup>th</sup> Floor, William R. Snodgrass Tower  
Nashville, TN 37243-0308

**WARNING: Falsification or misleading statements subject to maximum \$5,000 penalty. T.C.A. §48—101—514.**

**APPLICATION FOR REGISTRATION OF A  
VENDING DEVICE OWNER  
OR OPERATOR**

**ALL REGISTRATIONS EXPIRE EACH YEAR ON THE LAST DAY OF THE  
THIRD MONTH FOLLOWING THE CLOSE OF YOUR FISCAL YEAR.**

<b>INSTRUCTIONS:</b> A registration fee of \$100.00, plus one additional dollar (\$1.00) for each vending device, must accompany this application (see "Vending Device Registration Form"). Please type or print. Indicate that an item does not apply by placing N/A by its number.		OFFICE USE ONLY			
		Reg.No.	Date Rec'd		
		Fee Pd.			
		Rec. No.			
1. A. Complete name used in your vending operations.					
B. List all names you have used to conduct business in the last five (5) years.					
C. Business Address:	Street	City	State	Zip Code	Phone
D. Home Address:	Street	City	State	Zip Code	Phone
2.	Is applicant a(n):	Individual _____ Corporation _____	Partnership _____ Other _____		
Fiscal Year begins _____ and ends _____					
		(month/year) (month/year)			
3.	When were you organized to do business? month _____ day _____ year _____				
Where?					
4.	List names of individuals who own vending device operation or names of partners or officers of partnership or corporation.				
	Name	Title	Full Address	Phone	
5.	Please attach a list of individuals who will be authorized to service your vending devices.				
6.	Describe type of vending devices you own or operate. _____				
7.	Describe nature of any fund raising business other than vending operations that you own or operate.				
8. A.	List the names of all charitable organizations whose name you are presently using in connection with or placing upon your vending devices.				
B.	Vendor may: (1) Attach all contracts or agreements presently in force between you and any charitable organization regarding vending or any other fund raising operation, or (2) Attach a summary of the fund raising agreement between the vendor and the charity instead of the actual contract on forms prescribed by the Secretary of State.				
Number of contracts attached: _____					

9.

Are you authorized by any other governmental authority to solicit contributions? • Yes • No

If "Yes," Where? \_\_\_\_\_

\_\_\_\_\_

10.

Has the applicant ever had any license, registration or permit denied, cancelled or revoked, or is any such action pending?  
• Yes • No

If "Yes" please provide the following information:

	Name and Address of Governmental Agency	Nature of the Action	Date of Action
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

11.

Disclose any civil, administrative or other legal actions filed against applicant pursuant to any State or Local Charitable Solicitation Act. Please provide the complete case style, summary and disposition of the action(s) which have been or are presently pending against applicant. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12.

Have any individual owners, partners or corporate officers been convicted of a felony in any state? • Yes • No

If the answer is "Yes," please state the particulars. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/we certify that the information furnished in the application and all continuation sheets is true and correct to the best of my/our knowledge.

_____	_____	_____
Signature	Title	Date Signed
_____	SWORN TO AND SUBSCRIBED BEFORE ME AT	
Print Name	_____	
Notary Seal	This _____ Day of _____ 20 _____	
My Commission Expires: _____	_____	
	Notary Public	

Number of continuation pages attached: \_\_\_\_\_